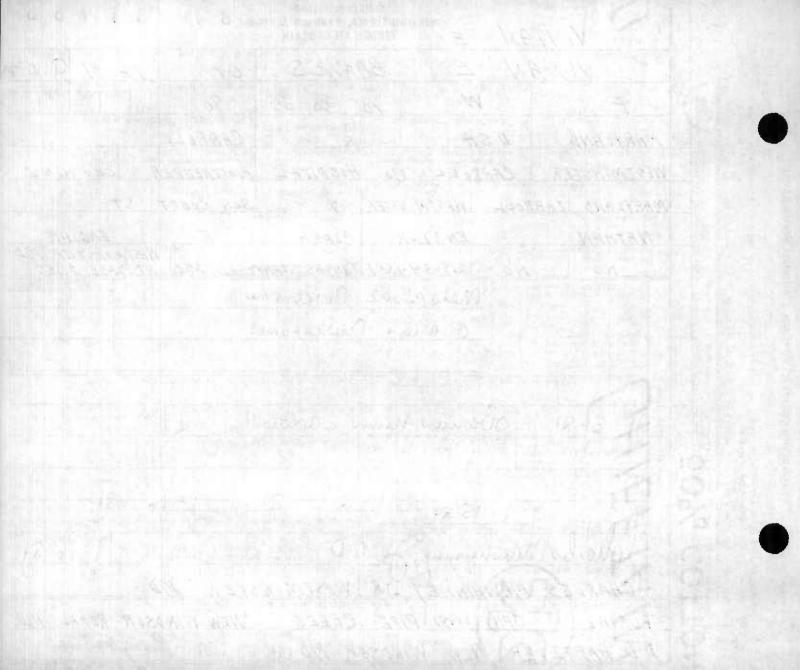
DEPARTMENT OF HEALTH AND MENTAL HYGIENE & FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DALE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Nellie Iola Alley 1205 M 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS 3 SEX A F (IN YEARS LAST BIRTHDAY) # UNDER : YEAR 1910 HOURS White Female BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Jarvland Carroll County WIDOWED DIVORCED | IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Waitress Westminster Gen. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS arvland Dundalk Claire Lane 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIODLE FIRST MIDDLE LAST Sarah Phipps George 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT I YES, NO OR UNKNOWN] I HE YES, GIVE WAR OR DATEST Robert W. Hairsine-Balto.. 214-22-4361 18 CAUSE OF DEATH (Enter only one couse per line for (a), 1b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 0 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOP NO I YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 8 21d INJURY OCCURRED 21e PLACE OF INJURY 50 CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death DIRECT 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN T DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME (TYPE OR PRINT 22e. ADDRESS ld b 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Dulanev Valley BP Incaporess 250. DATE REC'D. BY REGISTRAR 256. 2 GISTRAR'S S'GNATURE 24 FUNERAL DIRECTOR DIIda-RIICK DHMH - 16 50M 7/77 (VR A 15 (4)) Wise Avenue Dundalk, MD. 21222

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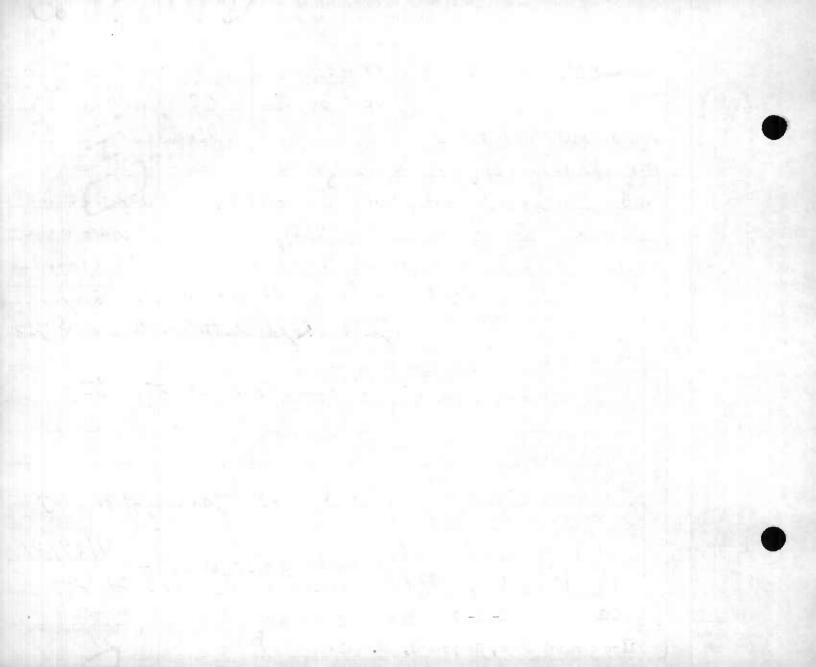
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DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

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(VRA 15(4))

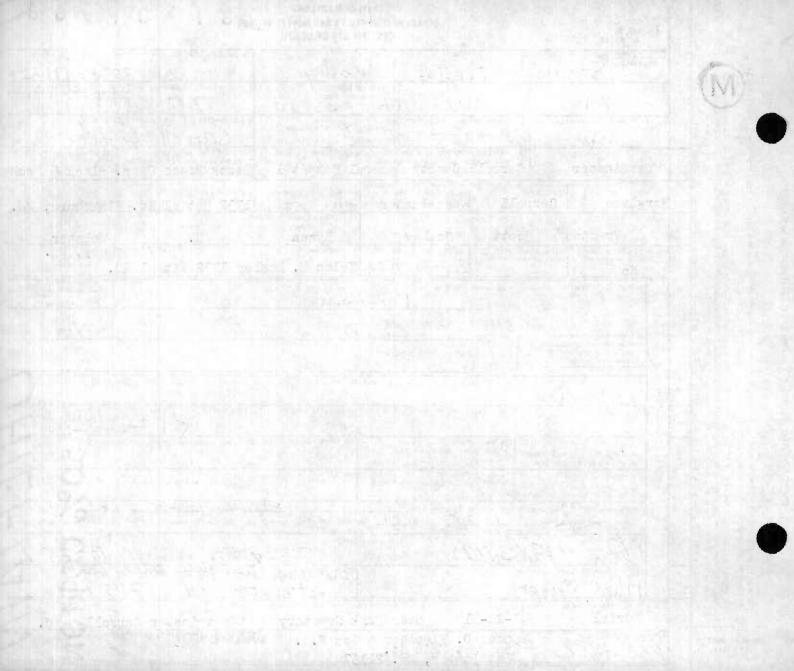


	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
1 24	1 DE	CEASED NAME FIRST MIDDLE L. BENEDICT. 1/29/8/ 8 AM
	3. SE	
O WINE	0	IRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
other dead of the fund of the		WIDOWED DIVORCED CAROL MY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
ND 2120	130.	Anchester Long View Nousing Home AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. CARoll HAmpstend YES NO R Pt. 1 Hampstend Md.
MARYLA maplerely and 2 sho	-	ATHER'S NAME AUDIE ANDLE ANDLE BenedicT VINSINIA WATE HIME.
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours cote be executed within 24 hours specin and completely filled in by specin bags 1 and 2 should be fill wol. If the medical about four hour be at	160.\	WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT O ADDRESS NO (IF YES, GIVE WAR OR DATES) 2/7 - 48-1230 DAVID R. BenedicT- RT. I Hampstend
		18 CAUSE OF DEATH lenter only one couse per line for 101, 161, and 161 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterioscleratic Heart Piceure 244 APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH 244
that the death certified by the attending as ease remove cortening of cremation, or ellipse or other traumorit.		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Output
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AL RECC	CERTIFICATION	196. DATE OF OPERATION 196. COMDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
N OF VITA SICIAN: Th ng physicio certificate I rinol-tronsit tental Hygie them 18 sho	MEDICAL CE	216. ACCIDENT WAS UNDERLYING COURSED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
NG PHY: ottendii os the bu	WED	21d. INJURY OCCURRED WHILE AT WORK A TWORK 12 12 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN COUNTY STATE
TTENDI pital or TOR: A for use of Heal		22a.1 certify that (1) this hospital) attended the deceased from 1967, 1967, to 297, that (1) (we) lost sow the deceased clive on 297, and that in my (our) opinion death a formed on the date and hour and from the couses stated above. (1) we) (did / (did not) view the body after death.
SPITAL OR Ad by the hosy NERAL DIRECT De detached be detached be Stote Dept.		226. SIGNAFORE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 129/8/
TO HOSPITAL etained by the TO FUNERAL should be detained with the State MPORTANT:		220 PHYSICIAN'S NAME (TYPEOR PRINT) WITHOUTH AND Manufactor 12 2102
BP	23a (Burial, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 13d. LOCATION CITY OR TOWN LITY OR TOWN Hampstead Carroll Md.
DHMH - 16 60M 1/75 (VR A 15 (4))	24 F	UNERAL DIRECTOR ADDRESS Eline Funeral Home, Hampstead, Md. 21074 PROPERTY OF THE COLUMN TO THE PROPERTY OF T



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE



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should be detached for use as the burial-transit permit. Then please remaye carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

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O FUNERAL DIRECTOR:

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MPORTANT: If Hem 21 is

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FOR 1 - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 O	1969
I. DECEASED NAME FIRST (TYPE OR PRINT)	Dorothy	Bridges	January 1	DAY YEAR 26 HOUR 7 8 M
3 SEX Jemale	Caucasian	5. DATE OF BIRTHY MONTH DAY YEAR 5 24 1983	6. AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
Ja. BIRTHPLACE (STATE OR FOREIGN COUNTRY) PENNSY/UDANIO	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUN Carroll	TY OF DEATH MD.
Sykes UI //e	(IF NOT IN SUCH FACILITY, GIVE STREET	Elder core Center	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE INDUSTRY
130 STATE 130 BE			13e STREET ADDRESS Rt. 2 Flintston	e Md. yrs.
14 FATHER'S NAME FIRST SOLAHOM MAS DECEASED EVER IN U.S. A	PONOSO E RMED FORCES? 166 SOCIAL SECI	15 MOTHER'S MAIDEN N. FIRST	AME MIDDLE ADDRESS	phon LAST
	219-46		McElFish Rt.2	/////
PART I. DEATH WAS CAUS	nly one cause per line for (a), (b), are ED BY. ITE CAUSE (a), OR AS A CONSEQUENCE (b)	ive Heart ta	n/ure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEOU	IENCE OF		
	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	minal disease or condition g	IVEN IN PART 1(0)
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
OR CONTRIBUTING CAUSE OF DE	- Ain	PAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18	3, PART 1 OR PART 2)
71d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE

AT WORK 220.1 certify that (1) (this haspital) attended the deceased from that (I) (we) last sow the deceased alive on and that in (my) (aur) opinion deoth accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death.

DEGREE

Seven Dalors Cem.

22e ADDRESS

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23b. DATE

1-15-81

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

23a Burial, Cremation, removal (Specify)

Burial

22b. SIGNATURE

24 FUNERAL DIRECTOR NAME SCARPELLI FUNERAL HOME

ADDRESS CUMBERLAND, MD 23d. LOCATION
CITY OR TOWN
Beans Cover Bedford BYEGSTRAR 356-REGISTRAR'S SIGNATURE

PASTATE

DHMH - 16 50M 7/77 (VR A 15 (4))

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	1	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HY LICATE OF DEATH	GIENE 8	REG. NO.	0	1 9	70
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(o E	3. SE	Х	4 RACE		5. DATE O		6 AGE (IN	YEARS LAST BIRTHDA		IF UNDER 1 YEA	
- B - B - B - B - B - B - B - B - B - B		Male	White		9 MONTE	30 1897		83	YRS.	MONTHS DAY	HOURS MIN.
Page	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D M NEVER MARRIED	9 BALTIM	ORE CITY OR	COUNTY	OF DEATH	
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in by the effect		estminster AL RESIDENCE (IF NURSING HOME C				. Hospital	Optio	nan .			
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ored w		Michael		Coyle		Margaret				McMill	
MORE,	160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECT		17 INFORMANT		ADDRESS			
ALTIMC ALTIMC te be evers. Page incident of the med		no		165-12	-6186	Mrs. Anne C	oyle, F	Iampste:	ad,	Md.	
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ON OF VITA TYSICIAN: The ding physician is certificate I buriol-transit Mental Hygies		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI			AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER N	ATURE OF INJURY IN	₹ 11EM 18, P.	ART 1 OR PART 2)	
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0 f f f ₹ 3 ₹	23a.	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOC	ATION		COUNTY	STATE
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ELAY IS TO THE P PAGE 5, 201	60	We	estmins	ter	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Carroll County General Hospital							OR I	OR INDUSTRY				
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RE, MO GATH, 1 PM 3, AND 2.5 CXFAL	00	14 FA	THER'S NAME FIRST	?	WIDDLE		LAST		15 MOTHER'	S MAIDEN I	NAME	MIDE	DIE ?		LA	AST	
ALTIMO AFTER D IVE PAG H F FOR MGES 13	2	60. W	AS DECEASED	DEVER IN U.S. AR	WAR OR DATES)		SIAL SECURITY	-	17. INFORMA		513	311	ADDRESS	5	13		
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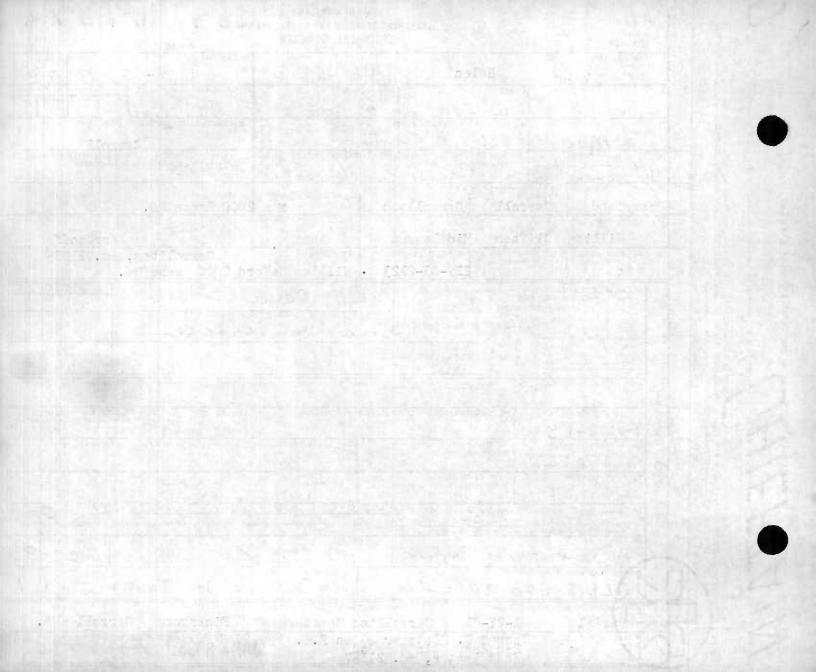
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X		1 -	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 1 9 7 4 CERTIFICATE OF DEATH REG. NO.
	. m.e	1. DE	CEASED NAME FIRST OR PRINT)	MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOURS
	moy be poge 3 er death		MARI	1-92-81 3-W
	of after	3. SE	Fe	1 RACE S. DATE OF BIRTH MONTH DAY YEAR 2 05 01 79 YRS 1 UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	funeral direct ithin 72 hours		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED Carroll MD.
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ND 2120	filled in b could be fill must be			OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION] UNITY 136. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS LITTOLL CAPTOLLTON VES NO 2000 Reese Rd.
YLAI	within d 2 sho		THER'S NAME	13. MOTHER'S MAIDEN NAME
MAR	complete on or		William Cli	ifton Middlekamp Anna Nordhoff
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	certificate bring physicia phon papers removal.		PART I. DEATH WAS CAUSI	only one couse per line for (a), (b), and (c) SED BY: ATE CAUSE (a) Cancer of the Banceas APPROXIMATE INTERVAL METWEEN ONSET AND DEATH
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ō	TENDIN order or TOR: Af or use of or use of thealth			spital) attended the deceased from 1981, to 1-24, 1981, that (I) (we) lost on 1991, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated not) view the body after death.
	OR he		226. SIGNATURE Wewfoo	about the body street december of the body street december
	P P P P P P P P P P P P P P P P P P P		22d. PHYSICIAN'S NAME (TYPE OF	PO IGCESIA 49 Frederick St. TANE YOWN Hel
	PP	23a. E	BURIAL, CREMATION, REMOVAL Burial	1-27-81 Carrollton Cemetery Finksburg Carroll Md.
	DHMH - 16 50M 7/77 (VR A 15 (4))	24. 51	NAME A LETER	Thomas D. Fletcher & Son F.H. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE 254 East Main Street, Md. 21157



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



FOR

(VRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR - STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

YEAR

8

DAYS

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

STATE

COUNTY

22c. DATE SIGNED

2

IF UNDER I YEAR

INDUSTRY

Tracey

2b. HOUR

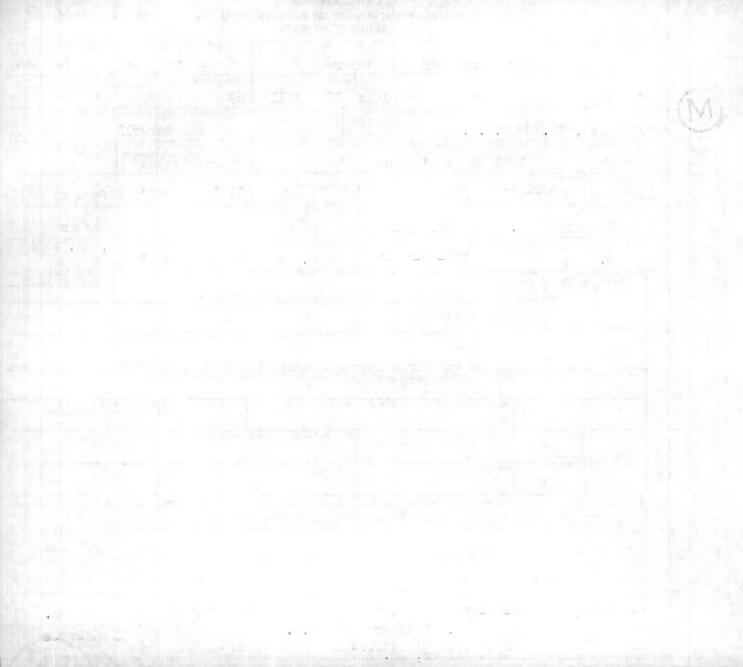
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IF UNDER 24 HRS

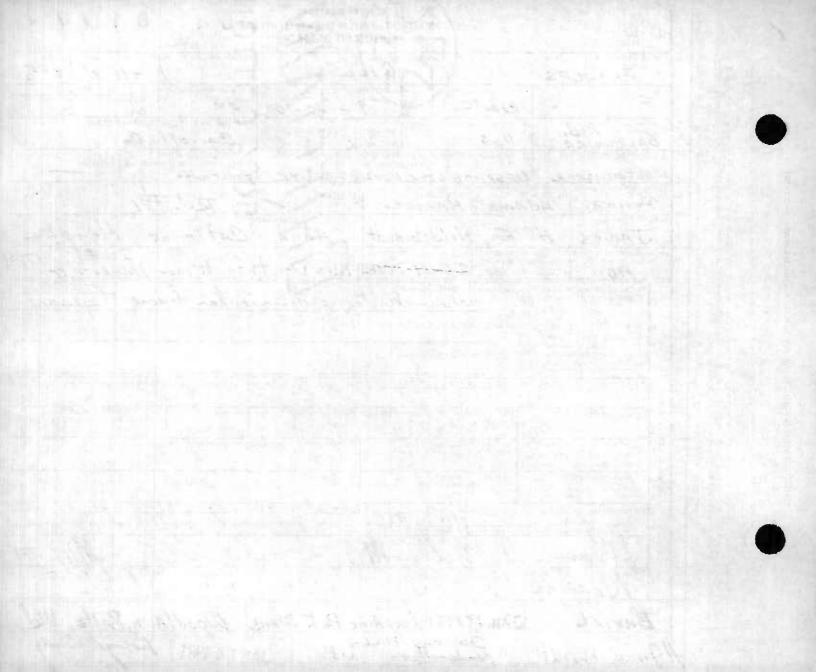
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	ane land		150000		
The the tids	entrataca, . vpl				

1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 9 7 8 CERTIFICATE OF DEATH							
	REGISTRAR DECEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR				
1 c 4 c 4 c 4 c 4 c 4 c 4 c 4 c 4 c 4 c	TYPE OR PRINT) Nan	cy Kershner	Fisher	1-24- 8	5:30M				
1.5	SEX	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
A	Female	White	June 23 1911	69 YRS.					
i le	BIRTHPLACE ISTATE ORFOREIGN COUNTRY) Proersburg, Pa.	76 CITIZEN OF WHAT COUNTRY? U .S .A .	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT					
4.0	city or town of death	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, 2101 Spencer's L	ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE COSMOTOLOGIST	126 KIND OF BUSINESS OR INDUSTRY				
130	SUAL RESIDENCE (IF NURSING HOME OR Ba. STATE 136 COUN Maryland Carr	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY OTHER INSTITUTION, GIVE RESIDENCE BEFORE TO THE R	ADMISSION) N 13d. INSIDE CITY LIMITS? YES NOT	132101 Spencer's	Lane				
Dla 14	FATHER'S NAME Clarence	E. Kershne	is mother's maiden na first Trene	ME MIDDLE	Bucker				
_	B WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 214-09-76		ADMinksbu	urg, Md. 21048 Lane				
, me	18 CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), one D BY:	d (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
S shows ony injury, or other			NCE OF SEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED				
Shows Serific					FYING CAUSES OF DEATH?				
	OR COLUMN THIS CALLER OF SEL		Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)				
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	211 LOCATION	CITY OR TOWN	COUNTY STATE				
21 is marked	220.1 certify the (1) (this hospit saw the deceased alive an above (1) (he) (did) (did no	tol) ottended the deceased from 1-23- 19 8	1/20 19 S/	deoth accurred on the date and har	ur and from the couses stated				
T. H Hea	226. SIGNATURE TOWARD 226. PHYSICIAN'S NAME (1/19/0)	Jankon us	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	1/24/81				
TANT: If Item	ZZE. PTTT SCIATE STAME (MINO)			TON HOTS WESTIM	145 700 7/150				
MPORTANT	HOWARD G. LA								
230	BURIAL, CREMATION, REMOVAL (SECUR) Cremation FUNERAL DIRECTOR	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY tview Memorial Par	23d LOCATION	COUNTY Md STATE				



	1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE 8 REG. NO	0197	9
oy be age 3 death	1. DE	ECASED NAME FIRST	MIDDLE	GILL	20 DATE OF DEATH	MONTH DAY YEAR 26 HO	UR S 3 - M
age 4 may	3 SE	F	white	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS	MIN
deout 72 hours of distriction		IRTHPLACE (STATE OR FOREIGN GUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY O	COUNTY OF DEATH	MD.
by the fulled with		ESTMINSTER	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS) UNESING CENTER.	120. USUAL OCCUPATION OF WORK FOR MOST OF		ESS OR
filled in hould be remost be	13a	AL RESIDENCE (IF NURSING HOMEO SLATE PENNA 136 OU AC	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13t. CITY OR TOW LAINS HAUD	IN 138. INSIDE CITY LIMITS	Rd.	#,	
ompletely ond 2 s		JAMES H	MIDDLE E. HILdebi	randt Is MOTHER'S MAIDEN ANNA	CATheir		ھ
be execu			RMED FORCES? 16b SOCIAL SECULE WAR OR DATES) -46-6806 215-69	7886 Mrs Dove	then Minio	150.41	1733
equires that the death certif is signed by the attending p Then please remove corbans to buriol, cremation, or rem njury, or other traumatic eve	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEOU b) DUE TO, OR AS A CONSEOU c) CONDITIONS CONTRIBUTING TO		ERMINAL DISEASE OR CONF	Start year DITION GIVEN IN PART 1(0)	
The law re-	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES \rightarrow NO	ATH?
HYSICIAN: T iding physici nis certificate buriol-tronsi Mental Hygi or Item 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M.	AY YEAR 19 211, LOCATION	URRED (ENTER NATURE OF INJUR		
G Pler the sthe ond	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOW	///	STATE
11 OK AFTENDE the hospital in DIRECTOR: stacked for us re Dept. of Hein in If Hem 21 is in		saw the deceased alive or	of view the body after death.	DEGREE ATTENDING	an death occurred on the do	te and hour and from the causes s	
orned bound be the St.		22 PHYSICIAN'S NAME (TYPE OF MAN	. 1/	122e ADDRESS 218 Wester	Warlington inster, Mr	Hate Med, Cente	`
BP		BURIAL, CREMATION, REMOVAL BUVIAL	JAN. 13, 1981 L	NAME OF CEMETERY OR CREMATOR OrrAine Pack MA	us Wood	Jan, Balto, li	2
DHMH - 16 50M 7/77 (VR A 15 (4))	24 F	UNERAL DIRECTOR	Sw Cabdiffus	m:LL 3	DATE REC'D. BY REGISTRAR	256. RESISTRAR'S SIGNATURE	leg



					MARYLAND		.0% 6	. 0	27%
		FOR STATE		PARTMENT OF HEAL		0 1	0 1	7 3	U
		REGISTRAR		CAL EXAMINER'S	CERTIFICATE O	F DEATH REG	. NO.		
		CEASED NAME FIRST		DDLE	PLAST	20. DATE KNOWN OF ESTI-	HIMOM	DAY YEAR	Zb. HOUR
		Mari			MINES	DEATH MATED		18 1981	131 M
	3. SE)		S. DATE OF BIRTH	YEAR LAST BIRTHDAY) MC	UNDER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUNCED	MONTH	DAY YEAR	2d HOUR
ı		male White	Aug.11,1	917 63 YRS.	5 7	DEAD	- 1	18 1981	27M
	FO	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT	COUNTRY? 8. MA	RRIED NEVER MARRI		_	Y OF DEATH	
1		laryland	U.S.A.		WED DIVORCE				MD.
1		TY OR TOWN OF DEATH		AL, NURSING HOME, OR C	THER INSTITUTION	126. USUAL OCCUPATION FOR MOST OF WORKING LIFE)	(TYPE OF WORK	0R INDUST	SINESS
1		kesville	901 W.	Liberty Rd	TONIS THE	Manager		Farm	
-		L RESIDENCE (IF IN NURSING HO	E OR OTHER INSTITUTION, GIVE RE		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
)	Ma	ryland Ca	rroll	Sykesville	YES NO X		bertv	Rd.	
1	14. F	THER'S NAME			15. MOTHER'S MAIDE	NNAME			
Į		Raymond	A. B	rowning	Mary	MIDDLE A.	F	leming	
1	16a. V	AS DECEASED EVER IN U.S.	ARMED FORCES?	b. SOCIAL SECURITY NO.	17. INFORMANT	ADDE			
I	(1)	(IF YES, G	IVE WAR OR DATES)	20-18-1722	George R	. Grimes, S	Same A	s #13	
ı		18 CAUSE OF DEATH (Enter		(a), (b, and ().)	0	· GIIMOD, A	anc n	APPROXIMATE	INTERVAL
		PART I DEATH WAS CAU	SED BY:	clutche à	(Lander	A.		BETWEEN ONSE	AND DEATH
		1820 IMMED	IATE CAUSE (o)	A CONSEQUENCE OF	Corcine	an near		1/	
1		Conditions, if any, wh		Dc 4-	111	-)		Mouth	1
		gave rise to immedia cause (o) stoting the und		A CONSEQUENCE OF	Carcus	roull		Mann	>
	3	lying couse lost.	DUE TO, OR AS	A CONSEQUENCE OF					
1	10	BARY A GAME COMPLETE OF THE CO	(c)						
1	z	PART 2 OTHER SIGNIFICANT CONDITIO	INS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	ASE OR CONDITION GIVEN IN PAR	T 1 (e).			
4	CERTIFICATION	19s DATE OF OPERATION	Line countries	1500 110 110 110 110 1					
1	CA	196 DATE OF OPERATION	196. CONDITION	N FOR WHICH OPERATION	WAS PERFORMED?			20. AUTOPSY?	,
4	RTIF	AL EVERNIAL CAUSE MAG						YES 🗆	NO 🗌
		216 EXTERNAL CAUSE WAS	21b. TIME OF IN. HOUR A.M. M	ONTH DAY YEAR 216.	HOW INJURY OCCURRE	D ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PAR	RT 2}	
	MEDICAL	CONTRIBUTING CAUSE		19					
	MED	21d. INJURY OCCURRED	21e, PLACE OF I		OCATION STREET	CITY OF TOWN	COL	UNTY	STATE
I	*	WHILE NOT WHILE AT WORK			A PARTY IN				
		CONTRACTOR	arge of the remains describ	cul-bave building Aut	opsy , Inspection	, Inquiry ,	ond in my op	ninion	2,000
		death resulted from No	and courses [].	Suicide [Undetermined manner)III1041	1
			1110	Suicide L		Undetermined manner		6	-1
		ACTUAL COL	Ald She	-	While !		DATE	19.1	181
2		SIGNATURE	-		M.D.	MEDICAL EXAMINER	stmins	ter. Mo	7
100	risenson.	EXAMINER'S NAME Dr.	Richard A	. Jones	ADDRESSCapro				1.
+	730 P	URIAL, CREMATION, REMOVA		23c. NAME OF CEMETERY	_ADDRESS	123d. LOCATION	a1 110	opi vai	
	230. B	Burial Burial	1-21-1981			CITY OR TOWN	COUN		ATE
	74 FI	JNERAL DIRECTOR	17-51-1701	Pine G	126 DATE D	Mt. Airy	Carr	oll. Mo	1.
	CI	arles W.Bu	nnion ADDRESS	Sykogyill	Wa LAN	22 1981	They for	Charley .	
ı	UI.	ISTICO M. DA	TITEL OI.	NAVERATT	E . MIU . ECODA				

	TERO RESIDENCE					
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and information				free feet		
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THE WHOST THE PARTY						
	TO Water					
the area to the contract of	-1722 -C	-723				

	1 -	FOR STATE REGISTRAR			HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8	0 1 9 8
\	TYPE		VELYTY ?	£. (ruild		MONTH DAY YEAR 26 HOT 1-1-81 174
ノレ	SEX	FEMALE RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT	E 5	OF BIRTH OAY YEAR	4 AGE IN YEARS LAST BIRTH	MONTHS DAYS HOURS
	cc	Y OR TOWN OF DEATH	USA	MARR	VED DIVORCED OR OTHER INSTITUTION	C 10	Roll
200	W	ESTMINISTER	CARROLL CARROLL	TY, GIVE STREET ADDRESS)	CHERAL	TYPE OF WORK FOR MOST OF	
35	13e S	Mid CA	ME OR OTHER INSTITUTION, GIVE RE OUNTY 134. C	CSTAINSTER	YES NO	130. STREET ADDRESS	ion Town Rd
060		William	SMODIE STE	TH	15. MOTHER'S MAIDEN N	OLIV MIDDLE	A HARA
the the	€a W	AS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES)	S, GIVE WAR OR DATES)	OCIAL SECURITY NO. 4-16-1684	CECI C. B	ruild WE	STANDISTER TO DE RETWEEN ONSET AND
any injury, or other traumatic event,	NO	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying cause lost	h (b) Al	CONSEQUENCE OF CONSEQUENCE OF	ASCULAR NOT RELATED TO THE TER AT CLICA		DITION GIVEN IN PART 1(0)
g suoms of	CERTIFICATION	90 DATE OF OPERATION		1 1	ON WAS PERFORMED	200 AUTOPSY? YES NO	706. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES \(\) NO \(\)
F L Fe		218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LITHER, NOTIFY MEDICAL EXAM 214 INJURY OCCURRED	F DEATH HOUR AM. A	MONTH DAY YEA	R	RRED (ENTER NATURE OF INJUR	r in ITEM 18, PART 1 OR PART 2
E E	ME	WHILE NOT WHILE AT WORK		TORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOW	'N COUNTY S
If Item 21 Is		sow the deceased alivabave, (1) (we) (did) (di	e on ed not) view the bady after o	19 81			ite and hour and from the causes st
MPORIANI		276. SIGNATURE 276. PHYSICIAN'S NAME IT	THE OR PRINT)	regains	ATTENDING PHYSICIAN 27e ADDRESS	MEDICAL STAF	
2							

Fremule Winte 5 11 1910 70 material Cassell WESTMORTER CARRELL CO CONCRET DRUG STATE 2770 " CARROLL Westminter V 448 Ware-Twa Wid William & STEM EISHE DLIVE HARK THE TRIPLE SIY-4 1884 CHAIL Child Washinster Mit The state of the s Faurial 1-5-84 Tayloruille Rivert Kin Poutte G. Veretrenater alle - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 1/79

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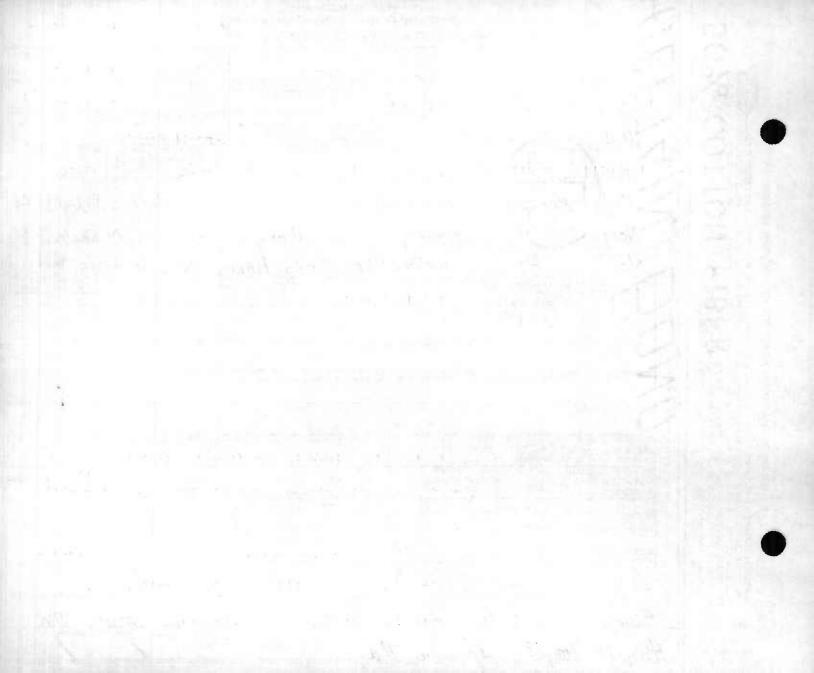
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(VR A 15 (4))

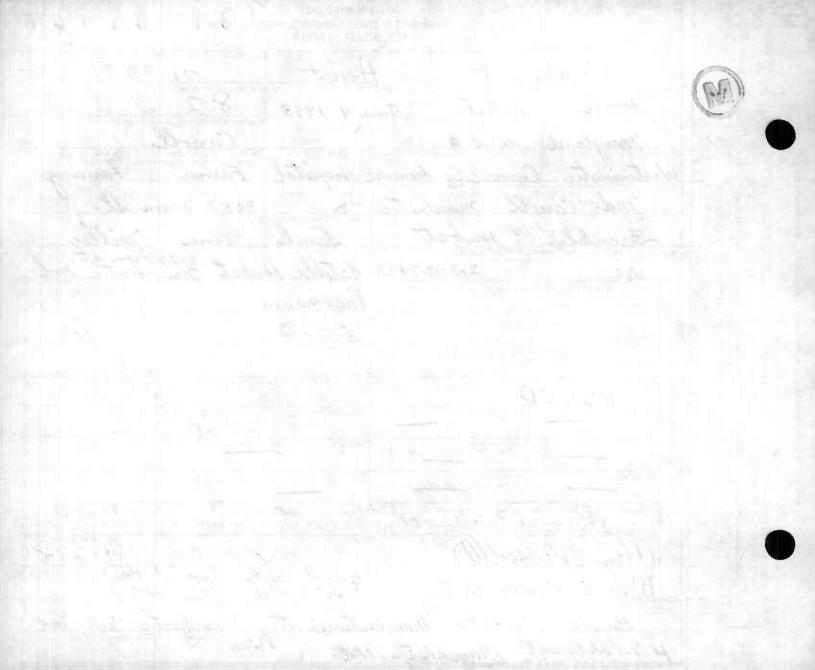
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- 1	FOR		STATI DEPARTMENT OF H	OF MARYLAND	HYGIENE	0 1 0 0 5
11	- STATE REGISTRAR	N	EDICAL EXAMINE		CEDEATH	. NO.
	DECEASED NAME	FIRST	WIDDLE	LAST	2a. DATE KNOWN	
		Stephen	Leo	Harry	OF ESTI- DEATH MATED	
3	EX 4. RACE	5. DATE OF BIR	TH 6. AGE (IN YEAR	IF UNDER 1 YR. IF UND	DER 24 HRS. 2c. DATE I MIN PRONOUNCED	MONTH DAY YEAR 2d H
	Male Whi		1957 23 YRS	MONTHS DATS HOOKS	DEAD	1 1981
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZAN OP	WHAT COUNTRY?	MARRIED NEVER MA	RRIED 🔟	TY OR COUNTY OF DEATH
10	CITY OR TOWN OF DEATH	U. S.	OSPITAL, NURSING HOME,		ORCED Carroll C	OUNTY.
	Taylorsville	Libert	V Rd. east of	Ridge Rd.	Mechanic	Auta,
	UAL RESIDENCE (IF IN NURSH		131. CITY OR TOWN	13d. INSIDE CITY LIMITS		Looses Deliaht &
14	FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MA	40100	Doper- Jellant .
	VERNON		HARRY	MAI	ey K.	Nickoles
16	WAS DECEASED EVER IN (YES, NO. OF UNKNOWN) (II	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	3127407	O. IT. INFORMANT	HARRY News	Windson Md.
	18 CAUSE OF DEATH	(Enter anly ane cause per			Timory 1100	APPROXIMATE INTERV
	PART I DEATH WAS	CAUSED BY: MEDIATE CAUSE (a)	Multiple in	uries		BETWEEN ONSET AND O
2	8/50	DUE TO,	OR AS A CONSEQUENCE OF			
-	Conditions, if any gave rise to im	imediate (b)				
	cause (a) stating the lying couse last.	e under DUE TO,	OR AS A CONSEQUENCE OF			
	DART 2 GINED SIGNISIVANT ((c)	ATH BUT NOT RELATED TO THE TERMIN.	LANGUE OR COURTING OFFICE		
3		CONTRIBUTION TO DE	ALL BOT MOT KELATED TO THE TERMIN	T OLSEWSE OK COMPLISION PLAFA IN	YPARI I (g).	
	19a DATE OF OPERATION	ON 196 CON	IDITION FOR WHICH OPERA	ION WAS PERFORMED?		20 AUTOPSY?
1						YES NO
	210 EXTERNAL CAUSE		OF INJURY A.M. MONTH DAY YEAR	21c HOW INJURY OCCUI	RRED LENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)
	UNDERLYING XX OR CONTRIBUTING CA	USE OF DEATH 5	RM 1 1 1981	driver in a	auto/fixed obje	ct impact
	216. INJÜRY OCCURRED WHILE NOT W	STREET	E OF INJURY (AT HOME, FACTORY, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	Carroll Co., N
ľ	AT WORK AT WOR		street		east of Ridge	Rd, Taylorsville,
	22a I certify that I to	ak charge of the remitme		Autopsy XX, Inspec	ction . Inquiry .	ond in my apınian
F)	death resulted fram	Nagura Mauses .	Alc dent X. Suici	de 🔲, Homicide 🗀	Undetermined monner	
	ACTUAL	1800	V19 DL	TITLE (SPECIFY)		DATE 1/1/01
	SIGNATURE	July was	- May	M.Deputy Ch	1 6 fMEDICAL EXAMINER	SIGNED 1/1/81
	EXAMINER'S NAME (TYPE OR PRINT)	Thomas	D. Smith, M.D	ADDRESS	Penn St. Ba	Ito., MD.
23	BURIAL, CREMATION, REA			TERY OR CREMATORY	23d LOCATION CITY OR TOWN	
	Burist	1-3-81	Lake View	Cemter	Jula ourle	Carrolla Md.
2	FUNERAL DIRECTOR	11 · 11 ADD	less)	25a. PA	TEREO'D. BYSTERSTERAR 256.0	of girling president questy
	Harry W. K	taight S	darville The	- 01	101	
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				. 18



Eline Funeral Home Reisterstown, Md. 2116

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

DHMH-16 25M

(VRA 15, 4) 1/79

Bannia and Minita was 11, 191 and 18 and .0 10 20 · · · Jones L. King . Francou rg te francisco 215-28-1299 Mes. Miland. Cookers (meshare, 266)

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STATE OF MARYLAND

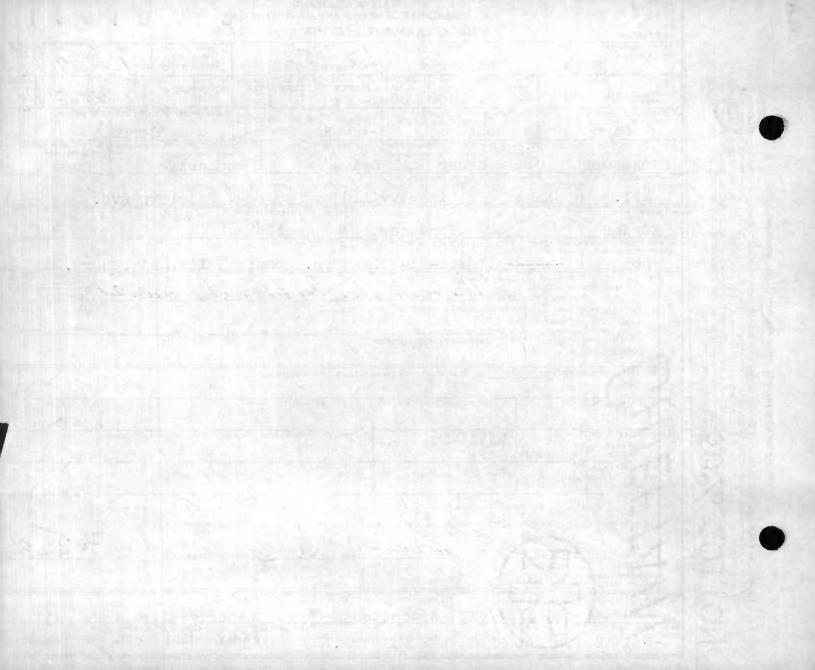
FOR

(VRA 15, 4) 1/79

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11.	FOR STATE				TOF HEALTH	ARYLAND			0		9
1 -	REGISTRAR	fines	ME		MINER'S C	ERTIFICATE	OF DEA		REG. NO.		
	ECEASED NAME YPE OR PRINT)	FIRST		MIDDLE	1.	y'si -	40.0	20. DATE KN	STI-	MONTH	DAY
		dna		rgaret	La	uitt		DEATH MA	ATED 1	/	24 196
3. SE	4. RA		5. DATE OF BIRTH	YEAR LAS	SE (IN YEARS IF UN			26. DATE PRONOUNCE		HTMON	DAY
	female	W	2 21		80 yrs.			DEAD		1	24 19
7a. I	BIRTHPLACE (STATE OF	R	16 CITIZEN OF W	HAT COUNTRY?	B MARRI	ED NEVER MA	RRIED 🔲	9. BALTIMOR	E CITY OR	COUNT	Y OF DEA
	Minn		USA		WIDOW		RCED 🗆		Car	rro	11
10.0	ITY OR TOWN OF D	EATH	11. NAME OF HO	SPITAL, NURSING	HOME, OR OTH	ER INSTITUTION		AL OCCUPAT		WORK	12b. KIND (OR INI
	Finksburg		2210 C	edar Hi	11 Driv	re		usewi	- '		hoi
USU 13a	JAL RESIDENCE (IF IN A	LIST COUNT	ROTHER INSTITUTION, C	13c. CITY OR T	E ADMISSION)	13d. INSIDE CITY LIMITS:	lia STP	ET ADDRESS	Ten E		
	I11.	19	ake		tyvilly			Fair	lawn	Av	e.
J4. I	ATHER'S NAME		WIDDIE			15. MOTHER'S MA	IDEN NAME			124	
	Edmind		MIDDLE	Sanda	ger	Thel	1a	MIDDL			LAST
160.	WAS DECEASED EVE			166 SOCIAL S		17. INFORMANT	ale Co	A	DDRESS		
1	YES, NO, OR UNKNOWN)	(IF YES, GIVE W	VAR OR DATES)	356-01	-7219A	Mrs. Do	nald	Welsts	1 Edw	ale of	h 1112 ~
F		ATH (Enter only	y one cause per lin			M. DO	na.u.	MEPIS	, r 11	JKS	APPRO
	PART I DEATH	WAS CAUSED	BY:	Heroca	10 1/	· Carlo	- 1/00	- 11	heren	0	BETWEEN
	4292	3	E CAUSE (o)	R AS A CONSEQU	IENCE OF	c order	DVUSE	wav-	- ALLEN		
	Conditions, if	100	000.0.0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
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	gave rise to	immediate	(b)	D AS A CONISSON	ISNICS OF	12-1970					
		immediate		R AS A CONSEQU	JENCE OF						
	gave rise to couse (o) statin lying couse las	immediate ng the <u>under</u> it.	DUE TO, OF								
Z	gave rise to couse (o) statin lying couse las	immediate ng the <u>under</u> it.	DUE TO, OF			OR CONDITION GIVEN IN	PART I (a),				
TION	gave rise to couse (o) statin lying couse las	immediate ng the <u>under-</u> it.	ONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL OISEASE		PART 1 (α),				
FICATION	gave rise to couse (o) statin lying couse las	immediate ng the <u>under-</u> it.	ONTRIBUTING TO DEATH	BUT NOT RELATED TO			PART 1 (a).				
RTIFICATION	gave rise to couse (a) statinglying couse lass PART 2 OTHER SIGNIFICA 19a. DATE OF OPER	immediate ng the under t. ANT CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEASE	AS PERFORMED?					YES
L CERTIFICATION	gave rise to couse (a) starting lying couse las PART 2 OTHER SIGNIFICATION DATE OF OPER 210. EXTERNAL CALUNDERLYING	immediate og the under I ANT CONDITIONS CO RATION USE WAS OR	ONTRIBUTING TO DEATH 19b. COND 21b TIME O HOUR A.A	BUT NOT RELATED TO	THE TERMINAL DISEASE H OPERATION W			NATURE OF INJURY	IN ITEM 18 PARI	T 1 OR PAR	YES
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230.1	gave rise to couse (a) stating lying couse lass PART 2 OTHER SIGNIFICATION 19a. DATE OF OPER 21a. EXTERNAL CAI UNDERLYING CONTRIBUTING 21d. INJURY OCCU WHILE AT WORK AT 22a. I certify that death resulted fro ACTUAL SIGNATURE EXAMINER'S NAMI (TYPE OR PRINT) SUPPLACEMENT ON, (SPECIFY)	INT CONDITIONS CONTINUE CAUSE OF DIRECT WHILE WORK I Llook charge	ONTRIBUTING TO DEATH 19b. COND 21b TIME O HOUR A.A. 21e, PLACE STREET, FAC	ITION FOR WHICE OF INJURY M. MONTH DAY M. OF INJURY (ATT) CTORY, FARM, ETC.) 23C. NAME ACCIDENT ASSC.	THE TERMINAL DISEASE H OPERATION W YEAR 19 HOME, 211. LOG S Lid on Autops Suicide	AS PERFORMED? OW INJURY OCCUR CATION REET TITLE (SPECIFF) D. ADDRESS R CREMATORY	TION Undete	Inquire Inquire CAL EXAMINE	, ond if	DATE SIGNE	inion D. Wity ake



FOR - STATE

REGISTRAR

YEAR 26 HOUR 8 IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH Carroll County 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 237 E. Balto. Bankert ADDRESS Taneytown, Md. 337 E. Balto. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH THE TERMINAL DISEASE OR CONDITION GIVEN 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STATE (SPECIF Burial Jan 4,1981 Lutheran Cemetery Taneytown, Carroll BP. 25a DATE REC'D, BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4)) Skiles Funeral Home, 136 E. Balto. St. Taneytown Anna

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

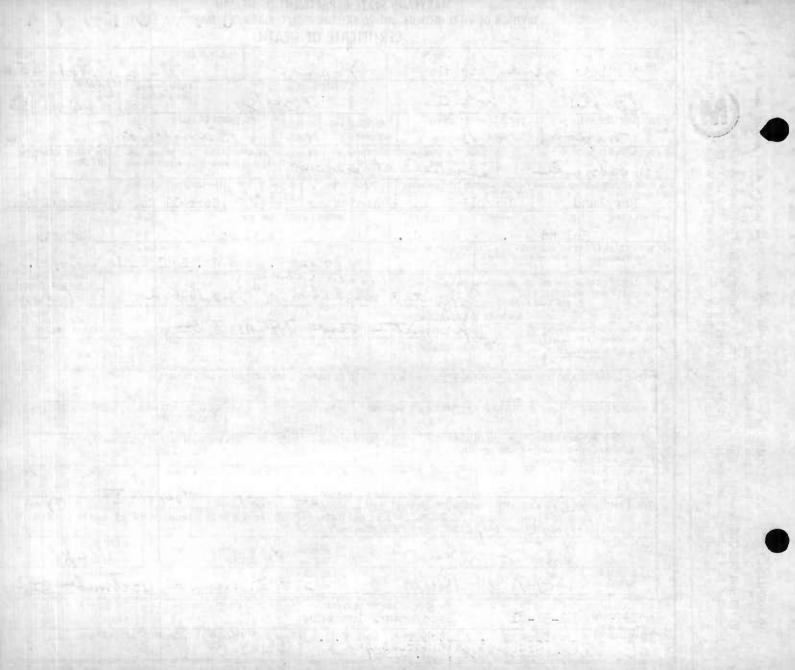
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		No. Address			
AT A PROPERTY.		William Francisco	Section 1		

	1 -	FOR STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND LEALTH AND MENTA LEATE OF DEATH		0	1993
		CEASED NAME FIRST OR PRINT A 6-WES	M. LEUT	BECH	DE BIRTH	20. DATE OF DEAT	H MONTH DA' 1-16 T BIRTHDAY) IF	Y YEAR 2b. HOUR 26 ME 1 YEAR IF UNDER 24 HRS ONTHS GAYS HOURS MIN
fameral directo	2	RTHPLACE (STATE OR FOREIGN SUNTRY) FUN TERSEY TY OR TOWN OF DEATH	76 CITIZEN OF WHAT COU US A	O / INTRY? & MARRIE WIDOWE	- 07 -0 □ NEVER MARRIE □ DIVORCE	B G BALTIMORE CIT	YRS YOR COUNTY C	
hours often id in by the d be filled w	WEUZ	SSTMINSTER LL RESIDENCE (IF NURSING HOME O TATE 13b COU	Westminst	VE STREET ADDRESS) EV HARS CE BEFORE ADMISSION)	4 /	Homer	ost of working life) maker	Own Home
mpterely fille		Md. Car THER'S NAME FIRST Frederick	rroll Wes MDDLE Brad	tminster bury	YES NO E	EN NAME	neva Dr	ive Elvin
on and co		/AS DECEASED EVER IN U.S. A es, no or unknown) (IF yes, gn	/E WAR OR DATES)	1 SECURITY NO. 56 5809	Mrs. A	A. Jane Ken	nedy	Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
quires that the death certification of signed by the attending phene please remove corbonp to burial, cremation, or removiury, or ather traumatic even	NO	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	NSEQUENCE OF	EROTIL (E TERMINAL DISEASE OR C	2GU) AR	N IN PART 1(a)
The law re	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO		200 AUTOPSÝ? YES 🗌 NO[IN CERTIFYI	
TO HOSPITAL OR ATTENDING PHYSICIAN: Tetained by the haspital or attending physici TO FUNERAL DIRECTOR: After this certificate should be detached for use as the burial-transwith the State Dept. of Health and Mental HygIMPORTANT; if them 21 is marked or them 18 shall be a shal	MEDICAL	224 SIGNATURE 274 PHYSICIAN'S NAME (TYPE)	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, 10 of 1 view the Body after death OR PRINT)	OFFICE, FARM, ETC.) Fram 19 91 A	211. LOCATION STREET , 19 and that in (my) (owe) o DEGEE ATTEND PHYSIC 22e ADDRESS , 22e ADDRESS , 22e ADDRESS	ppinian death accurred an H	R TOWN . 15 te date and hour c	COUNTY STATE
BP	(URIAL, CREMATION, REMOVA SPECIFY) Burial UNERAL DIRECTOR LIGHTS	1/19/81	Loud	on Park	23d LOCATION CITY OF TOWN Balto.	,	Md .
MH - 16 50M 7/77 (VR A 15 (4))		4905 York Ro	y W. Jenkin ad Balto.,	Md. 21	s Co. 1212	JAN 1 9 1981	The state of the s	y Me Bready

Harris de la Company A.J. Ourroll Wash inter 515 Canava Drive Enadauna Laura 216 68 6808 Mrs. A. June Kennedy Same Euril 11881 Louon Frk Elo., Henry W. Jinkins 2011 ...

		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMON, MARYLAND 2001 CERTIFICATE OF DEATH	9 4
L			
76	ö. B ount	IRTHELACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH (Try) maybe Widowed Divorced Carrier Country	DAYS HOURS MIN S S S S
10	0. CI	ITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) III. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) INDUSTR	D OF BUSINESS OR RY
13	30. l dmis	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN STATE 13d. COUNTY YES NO Carroll County Germany 13d. December 13d. County Germany 13d. County Ge	neral Hosy
14	4. F/	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Roland H. Mann Jr. Kathleen Fo	lost
1		WAS DECEASED EVER IN U.S. ARMED FORCES? 85, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Roland H. Mann Jr. 1841 Indian Val	ELLE A
	1	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY:	PROXIMATE INTERVAL VEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	1,
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
TIPICATION	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSIDERED CAUSES OF DEATH?	IN CERTIFYING
	4	21c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) 21b. TIME OF INJURY A.M. Month Doy Yeor P.M. 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
-		21d. INJURY OCCURRED While Not while of twork 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) OFFICE BUILDING, ETC. 21f. LOCATION Street or R.F.D. No. City or Town County	Stote
		22a. I certify tha((I))(this haspital) attended the deceased fram	that (i) (we) las aur and fram the
		22b. SIGNATURE DEGREE PHYS. MED. STAFF 22c. DATE SIGNE (25)	18/
		22d. PHYSICIAN'S NAME (Type) Stong Y. Ruin 220. ADDRESS 2. main st, weathing	The mis
L		BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BURIAL (Specify) 1-31-81 Sandymount Cemetery	
2	4	TOWERS D. Fletchoppress & Son F.H. 250 RECISTRAR 25b. REGISTRAR'S SIGNATURE	Sorty

MAKTLAND STATE DEPAKTMENT OF HEALTH



Eline Funeral Home, Hampstead, Md.

FOR

- STATE

REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

REG. NO

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

FOR

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	1 -	FOR STATE REGISTRAR			DEPARTM	RENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 1	0	1 9	9	1
		CEASED NAME	finst liam		rice	Mull	AST	2R DATE OF DEATH	MONTH CAY	YEAR	2b HOUI	R
	3 SE)			RACE	Lice	S DATE C		A. AGE (IN YEARS LAST BIR	1-25	INDER I YEAR	# UNDER	14/M
	-	Male		Whit	e		21,1924	56	YRS MON		HOURS	MIN
5	7. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Marvland			U.S.	7 A		NEVER MARRIED	Carrol:				
ð		TY OR TOWN OF DEA estminst			HEACHITY GIVE STREET	G HOME C	Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Store Ke	ION	12b. KIND C INDUSTRY	F BUSINE	
5	13a S	AL RESIDENCE (IF NURSI TATE LTYLAND	136 COUNT	TY	GIVE RESIDENCE BEFORE 13. CITY OR TOWN Sykesv	N	13d. INSIDE CITY LIMITS? YES NO TO	13k STREET ADDRESS 5908 Gra	ace Lee	e Ave	ē.	
	14 FA	THER'S NAME		IDDLE	LAST		15 MOTHER'S MAIDEN NA	A IDDI F		LA	ŞΤ	
4		Mauric		Н.	Muller		Mildre	d O		Port	ter	
	Tér V	VAS DECEASED EVER (ES, NO OR UNKNOWN) Yes	(# YES, GIVE	war or dates)	21 5-20-9		Pauline E.			8 #13	3	
		Canditions, if any, gave rise to imm cause (a), statin underlying cause	which nediate g the last	(b) DUE TO, OI (c)	R AS A CONSEQUE	NCE OF	the Heart	Distan				
	NOIL						NOT RELATED TO THE TERM					
2	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	206 IF YES, W IN CERTIFYIN YES	G CAUSES		H?
1		216. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER) 216. INJURY OCCURRED WHILE ON ON WHILE AT WORK AT WORK		FORTH HOUR A.M. MONTH DAY YEAR INER) P.M. 19 21e PLACE OF INJURY		AY YEAR 19		RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	RT I OR PART 2}		
	MEDICAL					ARM, ETC.)	211 LOCATION STREET	CITY OR 10\	WN	COUNTY STATE		
		220 I certify that (I) saw the decease above_(I) (we) (d	d alive an_	Jon 1	4 19	8 or	nd that in (my) (aur) apinian	death accurred on the d	ate and haur an		that (1) (w	
		226. SIGNATURE	5.	Har	olong a	49		MEDICAL STA		22c DATE	4	
		224 PHYSICIAN'S NA		PRINT)	rsitey,	200	8 and	st. Wes	timust	= ~	ml. 21	157

DHMH-16 25M (VRA 15, 4) 1/79

236. DATE 1-28-1981 Buria Charles

W. Burrier, Jr., Sykesville, Md.

23c NAME OF CEMETERY OR CREMATORY

Salem

23d. LOC ATION CITY OF TOWN

COUNTY Carroll

STATE

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Balto., Md.

Anatomy Board

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Traces Form Folio, id.

Perioval X 1/17/21

1	FOR STATE REGISTRAR			DEPARTMENT		H AND M	ENTAL HY		REG	0 2	0	0	0
	DECEASED NAME	Clar	ence	Gordon		Peter	s		ATE KNOWN OF ESTI- EATH MATED		DAY 23	YEAR 19 81	2b. HOU
40-0	male	white	5. DATE OF BIRTH MONTH DAY July 15,	1925	BIRTHDAY) MOR		IF UNDER 2	MIN. PROM	DATE NOUNCED DEAD	MONTH	23	YEAR 19 81	10:
意義ろう	BIRTHPLACE (STA FOREIGN COUNTRY) Maryland		76. CITIZEN OF W	A.	WIDO		DIVORCE		Carro	11 Co	unty		PM M
TOOR	city or town o laney town		65 Riffe		DRESS)	HER INSTITU	MOIT	or MOST C Disable	CCUPATION OF WORKING LIFE) Bd Vete	Tan	K 12b KII	ND OF BU R INDUSTR	SINESS
	STATE Maryland	113b COUN	OR OTHER INSTITUTION, G ITY TOLL	13 CITY OR TO Taneyt	WN	13d. INSIDE CI	NO 🗆	13. STREET A	DDRESS Riffles	Lane			
1 160	FATHER'S NAME FIRST WILL WAS DECEASED (YES, NO. OR UNKNOW YES	EVER IN U.S. AR	MED FORCES?	Peters 16b. SOCIAL SE 220–16		17. INFORA			ADDR		P	LAST	1.
CHEN WASHING ASAMINER ADMINIST PAGE E USED AS A BURRAL TRANSIT PERMIT PAGE TOF HEALTH AND MENTAL HYGIPLE DIVISIONAL, CREMATION, OR REMOVAL.	Conditions gove rise couse (a) s lying couse	if any, which to immediate tating the under-	TE CAUSE (a) DUE TO, OR	Arterios C	leroti NCE OF				isease		BETV	PPROXIMATE	AND DEATI
AENT OF HEALTH O BURIAL, CREA	19a. DATE OF C	PERATION	19b. CONDI	TION FOR WHICH	OPERATION	WAS PERFOR	RMED?					AUTOPSY?	но П
Z1201 PRIOR TO BURIAL,	210. EXTERNAL UNDERLYING CONTRIBUTION 21d. INJURY OF WHILE AT WORK	OR CAUSE OF	DEATH P.W	MONTH DAY	YEAR 19	OCATION STREET	OCCURRED		OF INJURY IN ITEA				STATE
PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,		that I took chars fram: Natu AME ON, REMOVAL		Accident ,	Suicide L	TITLE (S M.D. AS:	specify) sistan 111 Pe	Undetermin	examiner	60	E NED	51	/81 ATE
			ome, 136 E				25a DATE	11 p 80	25b R	ALL VA	3/9/94	PR.	7

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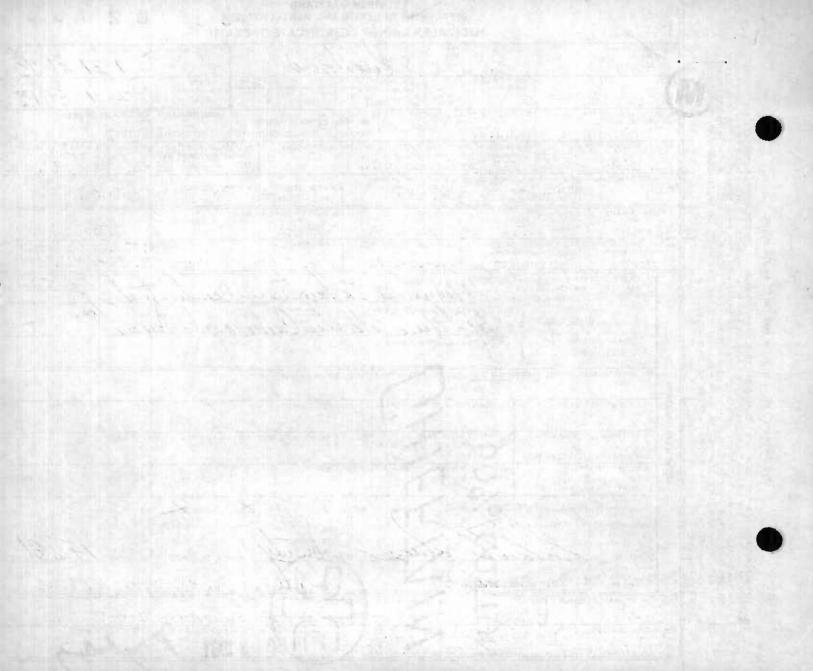
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	11.	FOR STATE	DEPARTMENT	OF HEALTH AND MENTAL	HYGIENE	12003
	1	REGISTRAR	MEDICAL EXAM	INER'S CERTIFICATE	OF DEATH REG. NO).
		CEASED NAME FIRST	MIDDLE	A LASTY	20. DATE KNOWN	MONTH DAY YEAR 26. HOUR
H .		Haney	L_{ullet}	Pobertson.	OF ESTI- DEATH MATED	131.81 75
WA II	1	4. RACE	5. DATE OF BIRTH 6. AGE (ER 24 HRS. 2c. DATE MIN PRONOUNCED	MONTH DAY YEAR 20 HOUR
W		le white	8 3 31 49	YRS. HOURS	DEAD	2/18/19
7	FC	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED THE NEVER MAR	RIED . 9. BALTIMORE CITY OF	R COUNTY OF DEATH
4		'irginia	U.S.A.	WIDOWED DIVOR		ounty MD.
0		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO	SS)	120 USUAL OCCUPATION (TYPE	OK III DOSIKI
-		. Airy	2717 Mystic Woods	Ct.	Financing Admi	n. Reconsid. Br.
5	13a S	TATE 1136 COUN		N 13d. INSIDE CITY LIMITS?		oods Ct.
10	14. F.	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIL		TAST
1	1	Bertus	F. Robertson	Dorothy		McFarland
1	16a. \	(IF YES, GIVE	MED FORCES? 16b. SOCIAL SECU	IRITY NO. 17. INFORMANT		17 Mystic Woods C
1		yes Kored	an War 228-38-5	872 Mrs/Bet	ty Robertson Mt	. Airy, Md. 21771
		18. CAUSE OF DEATH (Enter an	ly ane cause and line for (a), (b), and (a)	1011	- 1/1	APPROXIMATE AND DEATH
		PARTI DEATH WAS CAUSE	D BY: TE CAUSE (a)	I Litarelia	en Cousticate	d
į		41100	DUE TO MAS A CONSTITUEN	HOF // LA	01/01	Yeur
REMOVAL		Conditions, if any, which gave rise to immediate	3/ then	Seldvolec (a)	Hollando Nove	eur -
		cause (a) stating the under-	DUE TO OR AS A CONSEQUEN	CE OF	Diego Marco	
CKEMALION, OK		lying cause last.				
		PART 2 OTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	FERMINAL DISEASE OR CONDITION GIVEN IN I	PART 1 (a)	
	NO				7,0	
0	E	190. DATE OF OPERATION	19b. CONDITION FOR WHICH O	PERATION WAS PERFORMED?		20 AUTOPSY?
7	CERTIFICATION		THE PARTY OF THE P			YES NO
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3	ALC	UNDERLYING OR CONTRIBUTING CAUSE OF I	HOUR A.M. MONTH DAY Y	EAR		
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	M	WHILE NOT WHILE OF AT WORK	STREET FACTORY FARM FTC 1	STREET	CITY OR TOWN	COUNTY STATE
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	3	22a. I certify that I look charg	e of the remains described above held a	Autapsy , Inspecti	ian A Inquiry and	d in my apinian
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		/ /	1/1/	TITLY (SPECIFITY		101
_		ACTUAL SIGNATURE	look of gues	M.D. VIOLUS	MEDICAL EXAMINER	DATE TES 8
				/X		
Q.	-	EXAMINER'S NAME Dr.	Richard Jones	ADDRESS 111	Penn St. Baltimo	re, Md. 21201
	23a.B	JRIAL, CREMATION, REMOVAL 2	3b. DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	
			2/3/81 Lake V	iew Memorial Par	k Eldersburg C	Carroll MD
			eral Directors, P.	1 . 25e. DATE	REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE '
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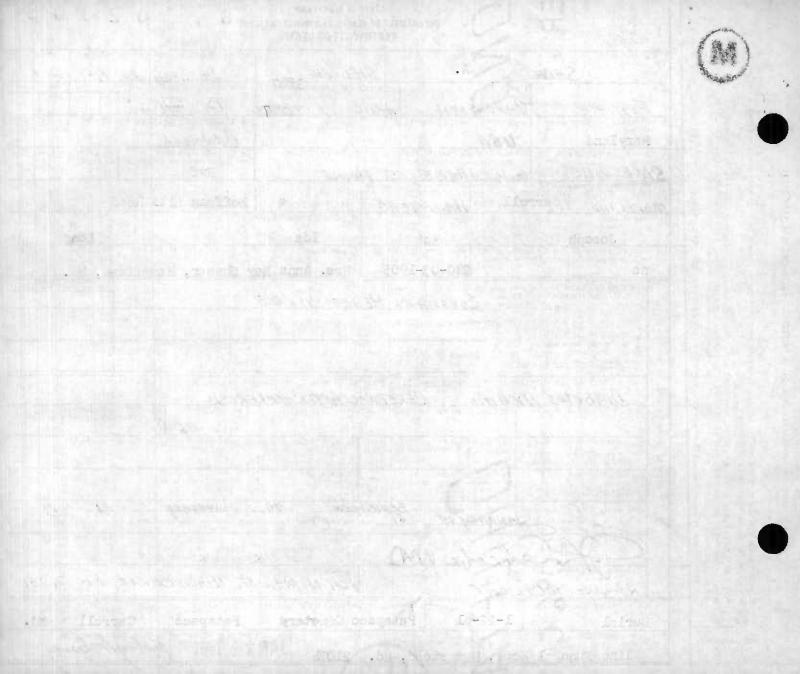
Skiles Funeral Home

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rs. Pages	- (res, no or unknown) (IF yes,	GIVE WAR OR DATES) 220-	03-1905		lay Shamer, H	
inat the aeon cermicus by the attending physics remove carbanpap il, cremation, ar removo		PART I. DEATH WAS CAL	DIATE CAUSE (0) CORO. DUE TO, OR AS A CO	DARY HE	ART DISEAS	E	BELWEEN ONSET AND DEATH
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ding physics is certificate burial-transi Mental Hyg	MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)	DEATH HOUR A.M. MO	NTH DAY YEAR	211 LOCATION	JRRED JENTER NATURE OF INJURY	
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AH - 16 50M 7/77 (VR A 15 (4))	24 F	UNERAL DIRECTOR NAME Eline Funera	l Home, Hamps	tead, Md.	11/1	N 2 6 1981	Esta GISTRAR'S DIGNATURE



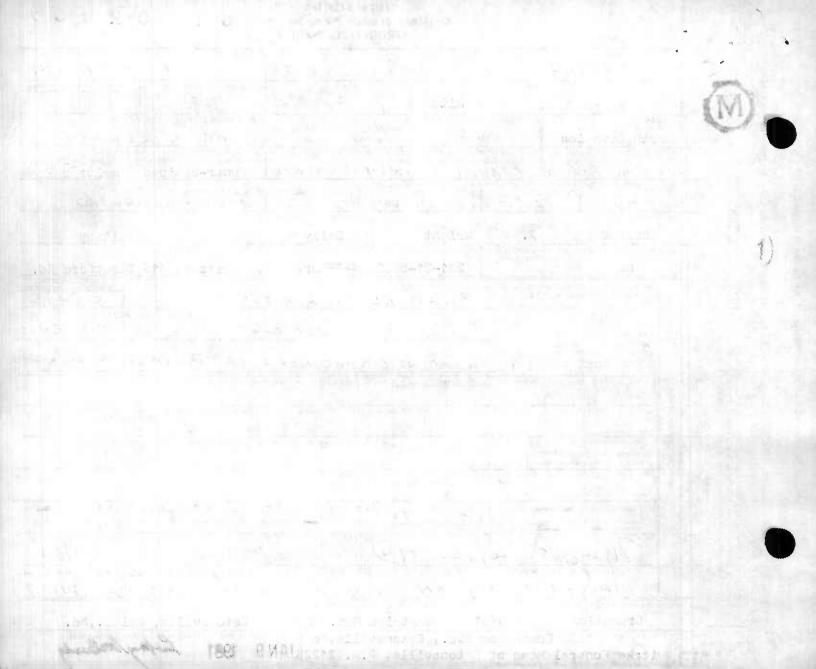
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BURIAL TRANSIT PERMIT. AND MENTAL HYGIENE, D. ON, OR REMOVAL.		cause (rise to immediate a) stating the <u>under-</u> use last.	< ' ' -	ORAS A CONSEQUENCE	OF Sel	Molound	(Sob)			48 lus
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AFT BAL	23a.BI	JRIAL CREM. PECIFY) Burial	ATION, REMOVAL	1-12-81	236. NAME OF C St. Davi		DR CREMATORY metery	23d. LOCATION CITY OR TOWN York	Caus	L COUNTY	enh sylva
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Witzke Funeral Home of Catonsville, P.A. 2122DAN9

(VRA 15, 4) 1/79

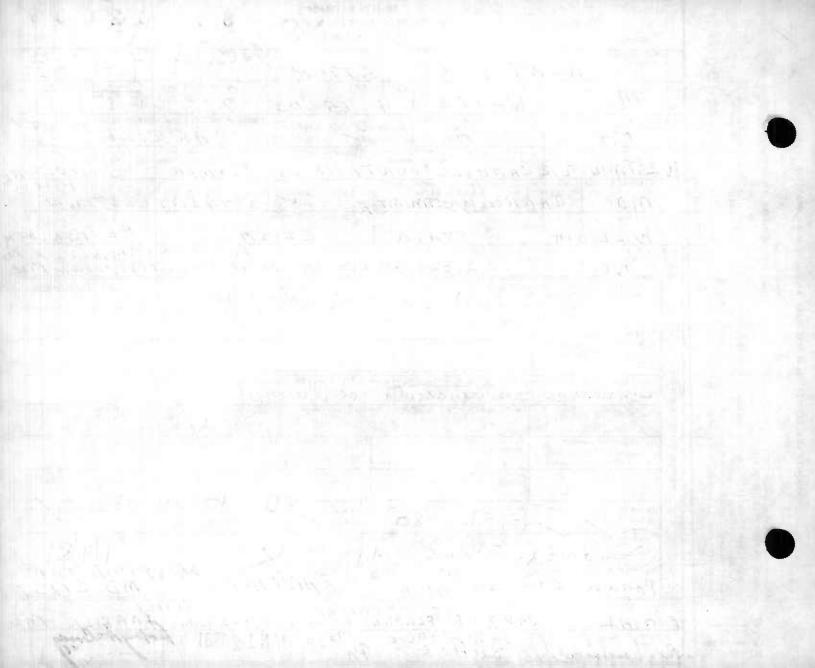
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



(VR A 15 (4))

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2(201 2 CERTIFICATE OF DEATH Volk 20. DATE OF DEATH 26 HOUR 8:30A 1. DECEASED-NAME Sidney Middle uneral and 2 death Month 15 Doy 81 Year within 24 hours after death (Type or print) S. DATE OF BIRTH IF UNDER 24 HRS IF LINDER 1 YEAR 4. RACE 6. AGE (In years lost by Boy) 3. SEX Male White HOURS 9. COUNTY OF DEATH Carroll 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) York USA WIDOWED [DIVORCEO [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street pddresslield Hospital during most of working life, even if retired.)
Merchant Seaman INDUSTRY Sykesville 13o. USUAL RESIDENCE (Where deceosed lived, Institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital or attending physician. odmission) STATE Mary land LOUNTY NO T Baltimore 1256 Gittings Avenue 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Na than Middle Volk Krantrowicz 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, wor unknown) signed by the attending physical-transit permit. Then purial, crematian, ar removal. ykesville, Md. 215-05-0317 Springfield Hospital Record APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Acute myocardial infarct Hours DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) (b) Acute right coronary artery thrombosis Hours rise to immediate couse (o), DUE-TO. OR AS A CONSEQUENCE OF stoting the underlying couse (c) Pulmonary artery embolism, acute, terminal Minutes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been Schizophrenia, paranoid type. 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ed far use af Health p YES TO NO T O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING [21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical exominer) detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while to work ot work 22o. I certify that (I) (this hospital) attended the deceased from 12-1-, 1958, to 1-15-, 1981, that (I) (we) los sow the deceased olive on 1-15- 1981, and that in (my) (our) opinion death occurred an the date and haur and trom the director, page 3 shauld shauld be filed with the couses stated obove, (1) (we) (did) (did not) view the bady after death 22c. DATE SIGNED 22b. SIGNATURE Suhalspun . M. D. ATTENDING MED.
DIRECTOR STAFF PHYS. 1-15-81 DEGREE 22e ADDRESS Springfield Hospital Center Sykes. Md. 22d. PHYSICIAN'S Dr. Suha Ozgun NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE 23o. BURIAL, CREMATION. C REMOVAL (Specify) Jan.19,1981 Green Mount Cemetery Baltimore Maryland 2Sb JUSTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR JAN 1 9 1981 Leonard J. Ruck, Inc. Baltimore, Maryland 25m-1/70

MARYLAND STATE DEPARTMENT OF HEALTH

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1.6	1	STATE OF MARYLAND
	11.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE U 2 U 1 S
Total Control	Ŀ	REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DE	CEASED NAME FRST MIDDLE LAST - 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
og vi	6	JOHN R WATCHIMOSR Jan 9-1981 705pm
i ma	1 SE	
9	L	Male While 6-04. 1895 85 YRS MONTHS DAYS HOURS MIN
a 10		IRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
de of the other	LC	windle to USA WIDOWED DIVORCED Carrall MD.
offer of with	10 C	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 170 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
	VY	(Archester Lynn Vier Nies Former FARMING
hour hour	13a. :	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GUERESIDENCE BEFORE ADMISSION) STATE 136. COUNTY 136. CITY OR TOWN 138 INSIDE CITY LIMITS? 136 STREET ADDRESS / C
AND 2 n 24 h havld t		Md Carroll Westmenter YES & NO 130 Box of 3
ARYLA I within I within I within I within	14_F/	ATHER'S NAME FIRST MIDDLE UST FIRST MIDDLE LAST
MA med on Old	1	Joseph WArchine EMMA BANKAND
MORE e execu		NAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Berthu 5 DDGES Arching?
JIIM		70 HONE 218-32-0544 (30 Bond St Westing to My 21157
hysicipay		18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PARTI, DEATH WAS CAUSED BY
ST., I entific g phy son po remai		PARTI DEATH WAS CONSED BY IMMEDIA Concluded Vascular accidents 5 years
orth c cort		4360 DUE TO, OR AS A CONSEQUENCE OF O ON TRANSPORTED TO
RES e de mover trou		Conditions, if ony, which gove rise to immediate (b)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or defending physicion. The this certificate has been signed by the attending physicion and completely filled in by os the twici-transit permit. Then places remove carbonopapers. Pages 1 and 2 shauld be filled than defended hygiene priar to bund, cremation, an remayor. On the transit of the place of the place. On the place of the plac		couse (o), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF
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bs, 2 quire signe hen p ta bu	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to
ECOR	¥	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED
he la on.	CERTIFICATION	YES NO YES NO YES NO NO
VITAL R VITAL R AN: The I hysicion. fronsit per fronsit per Hygiene 18 shows	1 🗑	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
ON OF VITA HYSICIAN: I ding physicia is certificate buriol-tronsi Mental Hygi or Item 18 sh		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
SION PHYS ending this of this of the bur	MEDICAL	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OF TOWN COUNTY STATE
DIVIS ING P affer t os the Uth one	2	WHILE NOT WHILE AT WORK
O O O E		220.1 certify that (1) this hospital) attended the deceased from
R ATTEN hospital hospital RECTOR and for used fo		sow the deceased glive on 19 , and that ir (my) (our) apinion death occurred on the date and hour and from the causes stated obove (1) (we) (did) did not) view the body after death.
Art San of et		226 SIGNATURE 22C DATE SIGNED
- + - + o		WITHOUR MINISTER PHYSICIAN DIRECTOR PHYSICIAN 119/1/
HOSPITAL ained by th FUNERAL ould be det th the Stote		22d PHYSICIAN'S NAME (TYPE OR PRINT) / 22e ADDRESS 3223 Man St
CO HOS etained TO FUN with the IMPORT		Manufactor Md 21102
Z 5 ⊢ ≈ > ₹		BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) COUNTY STATE
BP	2	BURIAL 1-12-81 KRIDERS WESTMINSTER CARROLL AND
DHMH - 16 60M 1/75 (VR A 15 (4))	1	UNERAL DIRECTOR POINT L. WO ADDRESS A TO MAJOR TO BE HEAR 250. REGISTRARY SIGNATURE
(VR A 15 (4))	Ox	alest Kal Prills & Westman Ton Mos

GAR. Marie Marie Lights y marie of Sectional section (208) System for the second of the second

	1 (1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2001 2 CERTIFICATE OF DEATH) 6
death.	and 2 death.			ECEASED-NAME ype or print) John NMN Washington 20. DATE OF DEATH Jan. Month 8 Day	Yeor 81 2b. HOUR
after death.	s offer		3. SE.	Male A. RACE Negro S. DATE OF BIRTH OG-14-1905 6. AGE (In years lighthday) MONTHS	ER I YEAR IF UNDER 24 HRS. S DAYS HOURS MIN.
-	39	18	7a. B	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED ST DIVORCED CONTROLL	M
within 2	TO A	2	-	Sykesville give street address) field Hospital during most of working life, even if retired.) INC	. KIND OF BUSINESS OR DUSTRY
1	event,	5	13o. admi:	USUAL RESIDENCE (Where deceased lived of institution: Residence before issian) STATE Maryland 130 COUNTY City Backfimore YES NO 612 Claymont	
be exe	nem Z	9Đ		Unknown	shington
rtificate k	en please aval, and in	2	()	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 261-07-5833 Sandra Williams 612 Claymor	nt Avenue
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed as retained by the haspital ar attending physician. IRECTOR: After this certificate has been stained by the attending physician and comple	burial, crematian, or remava			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro Vasculas Accident	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the an. by the at	ansit pe rematiar			DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o). Stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	Years
requires y physicio				PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
YSICIAN: The law reasoning aspiral ar attending	se as the	2	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDE CAUSES OF DEATH?	RED IN CERTIFYING
ICIAN: 1	d far us of Healt	9	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18 or Contributing CAUSE DF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 19	B.)
S PHYS The has	detache e Dept.		ME	21d. INJURY OCCURRED While Not while at work 12 to PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Could be at work 12 to the property of t	nty State
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital or attending physician.	Stat			220. I certify that (I) (this hospital) attended the deceased from 12-20, 1980, to 1980, to 1980, saw the deceased alive on 1981, and that in (my) (aur) apinion death occurred an the date on couses stated above, (I) (we) (did) (did nat) view the body after death.	_, that (I) (we) lo id hour and from th
OR AT be reto	e 3 sh led with				8,1981
TO HOSPITAL OR ATTEN Page 4 may be retained	director, page should be filed	1		22d. PHYSICIAN'S NAME (Type) SUHA OZGUN 22e. ADDRESS Springfield Hospital, Sykesvi	
TO HO Page	direct	6		Burial 11/13/81 King Memorial Park	unty), (Slate).
1606	VR A15 (- 25m-1/7			FUNERAL DIRECTOR 1101 E. North Ave. DATE JAN 9 1981 FUNERAL HOME TNC.	habredy

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THE REPORT OF THE PARTY OF THE PARTY OF THE PARTY. M. Andrew M. Line M. Committee of the Co A STATE OF THE STA

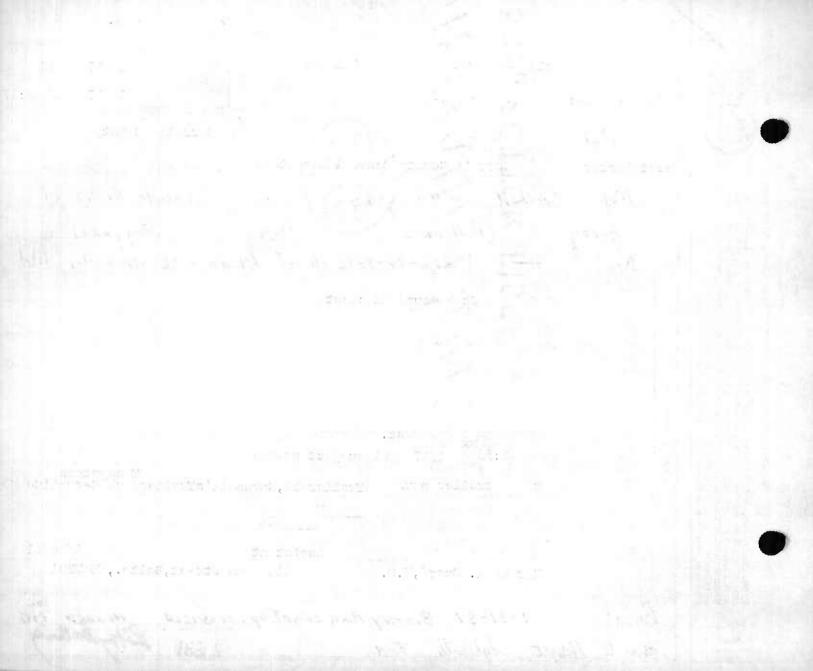
1		OR			DEPARTMENT OF	HEALTH	AND MENTAL H	YGIENE		0 2	U		Ö
		TATE		MEI	DICAL EXAMI	NER'S	CERTIFICATE O	F DEATH	REG	. NO.			
T		EASED NAM	E FIRST		MIDDLE		LAST	20. DA	TE KNOWN	MONTH	DAY	YEAR	26 HOUR
			KEVI	IN FI	YNN	WH	IELAN	DEA	TH MATED		5	81	
3.	SEX	ale	White	S. DATE OF BIRTH	VEAR 6. AGE (IN LAST BIRTH	DAY) MONT	HS DAYS HOURS	MIN PRON	ATE OUNCED EAD	MONTH	DAY	YEAR	1 14 A . M
17	a. B15	THPLACE (S	TATE OR	7b. CITIZEN OF WI		YRS.		0.004		Y OR COUN		98 1 ATH	A.M
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1		Y OR TOWN			PITAL, NURSING HO			12a. USUAL OC		Count	12b. KIND	OF BUS	MD.
	LT _A	stmins	tor	UF NOT IN SUCH FA	County Ger)		Fabric	working LIFE)			MDUSTR	Υ
Ų	ISUA	RESIDENCE	(IF IN NURSING HOM	AE OF OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMIS	SION)					_	1044	
	_	aryland		ward Co.	Columbi		13d. INSIDE CITY LIMITS? YES NO 🛣	5855 C		Lane C	-		
ľ	4. FA	James	E	MIDDLE T.	Whelan		15. MOTHER'S MAIDE FIRST Mary	NAME	Jo		Fly		
1	6a. W	AS DECEASE	DEVER IN U.S. A	ARMED FORCES?	16b. SOCIAL SECUR		17. INFORMANT		ADDR	RESS CO.	Lumbi		Id.
	(YE	NO, OR UNKNO	OWN) (IF YES, GI	IVE WAR OR DATES)	218-70-0	319	James T.	Whelan	6600	Allen			
F		IB CAUSE C	OF DEATH (Enter	anly ane cause per line							APPR	OXIMATE	
1		PARTID	EATH WAS CAUS	CED BY	Multiple 1	Injuri	es				RETWEE	N ONSET	HIARU UNA
	NAS.	81:) O IMMED		AS A CONSEQUENC								
1	-		ins, if any, whi								100		
1		cause (a) stating the under		AS A CONSEQUENCE	E OF							
		lying ca	use last.	(c)									
		PART 2 OTHER S	IGNIFICANT CONOITIO	INS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL OISEAS	SE OR CONDITION GIVEN IN PA	RT 1 (a).					
	S O												
1	MEDICAL CERTIFICATION	190. DATE OF	PERATION	19b. CONDIT	TION FOR WHICH OP	ERATION W	VAS PERFORMED?				20 AU	TOPSY?	
	TE										YES	s 😿	NO 🗌
1	CER		AL CAUSE WAS	216 TIME OF	MONTH DAY YE	AR 21c. H	OW INJURY OCCURRE	D (ENTER NATURE	OF INJURY IN ITE	M 18 PART 1 OR P	ART 2)		
	3	CONTRIBUT	G OR ING CAUSE O	P.M	4 19 8	זע וונ	river in au	to/auto	impac	t			
	ED	21d INJURY		STREET EACT	OF INJURY (AT HOME,	211. LC	CATION				newly1 C	'01:-	f arstate
T	2	AT WORK	AT WORK	Stree		Rt.	.26,W.of Wh	ite Roc	k Rd.	Elders	burg	oun	MD
		22a. I cert	ify that I taak cho	arge of the remains des			ssy X, Inspectia		uiry [].	and in my a			
0		death result	,	itural causes ,		Suicide		Undetermine	,	٦,			
		300	, 1	× ^	35"		TITLE (SPECIFY)						
		ACTUAL SIGNATURE	Unce	ma Lole	Ham	A	A.D. Assistan	t MEDICALE	YAMINED	DATE	ED 1/5	5/81	
7			0						COMMISER	31014			151
4		(TYPE OR PR	NT)Vir	ginia L. Do			ADDRESS 111 Pe	nn Stre	et, Ba	1timor	e, MI	21	201
2	30. BL (Si	PEC(FY)	rial	1 236. DATE 1 ≠9/81.	13c. NAME OF C		Mem. Park	23d. LOCATION CITY OF TOWN ELKY:	idge	How	ard C	O. STA	Md.
- 10		NERAL DIRE		ADDRESS	Balto., Mo	1. 212	250. DATE	REC'D. BY REGIS	STRAR 25b. F	REGIS RAR'S	SIGNATU	7	Te d
	Hu	bard	Funeral	Home, Inc.			ve. JA	N 719	81	proger	y was	1	7
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STATE OF MARYLAND

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0	1	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 2 0 2 0
X	1-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	REG. NO.
-		CEASED NAME FIRST	MIDDLE LAST 20. (DATE KNOWN A MONTH DAY YEAR 26. HOUR
May of Vir	TY	E OR PRINT) Dori		OF ESTI- EATH MATED 1 27 19 81 M
ASESE ASESE	3. SE	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY HOUTES DAYS COURS ON THE DAY YEAR	DATE MONTH DAY YEAR 24. HOUR
Name of	f	emale black	Note: 28, 1957, 23 YRS.	NOUNCED 1 27 19 81 10:17
Marie SO		RTHPLACE (STATE OR		ALTIMORE CITY OR COUNTY OF DEATH PM
の信託を	2	Md	U.S. A. WIDOWED DIVORCED	Carroll County MD.
TRUB5/ \	ID. C	TY OR TOWN OF DEATH	THE NOT IN STICH EACH ITY GIVE STREET ADDRESS)	OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
PA PROC		stminster	Carroll County General Hospital	mstress Sewing
ANY DELA AND 3 TO RETAIN P. P. P. CORD BE RECORD BE		TATE 136 COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ITY 136. CHY OR TOWN , 134. INSIDE (ITY LIMITS? 136. STREET	
AN AN SHORE	2	Md. CA	Real TAWNeytown YES NO R	Cornells Iranler Ct.
E, MD.	14. F	ATHER'S NAME	MIDDLE LAST 15 MOTHER'S MAIDEN NAME	MIDDLE C) LAST
DEATH DEATH AND	2	AUDIY	MED FORCES 146 SOCIAL SECURITY NO. 17 INFORMANT	Sheffared
BALTIMORE, MD. 2120 S. AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND THE PRAM PM 3. RETA PAGES 1 AND 2 SHOUL IVISION OF WITAL RECO	16a.	VAS DECEASED EVER U.S. AR. ES. NO. OR UUKNOWN) (IF YES, GIVE	WAR OR DATES)	ADDRESS
JRS AFTER 3. GIVE PA WITH FOI T, PAGES DIVISION		100 1 -	- 212-74-8592 HAZE Brown	- Westminster Ma.
ST., B./ OURS OURS S WIT NIT. P./ NE, DIV		PART I DEATH WAS CAUSE	nly ane cause per line for (a), (b), and (c).) DBY:	BETWEEN ONSET AND DEATH
PRESTON ST. VITHIN 24 HOU CICLIN ITEM 18 NER ANSIT PERMIT ALL HYGIENE, REMOVAL.	13	9/1/ DIMMEDIA	TE CAUSE (a) Stab wound of chest (DUE TO, OR AS A CONSEQUENCE OF	
PREST ITHIN CIL IN VER AL AL HYC REMO		Canditians, if any, which		
WIT WITH		gave rise to immediate cause (a) stating the under-		
201 W. PRE JIED WITHI IN PENCIL EXAMINER I.AL - TRANS O MENTAL - RANS ON, OR REA		lying cause last.	ASSESSED ASSESSED OF	
. 7. 222		PART 2 DTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	
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RECO JUD BE "PENDI F MEDI F MEDI HEALT!	T F	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
F VITAL RE TE SHOULD WORD "PE THE CHIEF A SHE USED A SHOULD SHOUL	CERTIFICATION			YES 🔀 NO 🗆
OF WENTERS	5 E	210 EXTERNAL CAUSE WAS	216 TIME OF INJURY CSC. 216 HOW INJURY OCCURRED (ENTERNATU	E OF INJURY IN ITEM 18 PART 1 OR PART 2)
SCRTIFICATE SHOULD STRING THE WORD "PER RED TO THE WORD "PER RE 3 SHOULD BE USED A E DEPARTMENT OF HEAD IPPRORTO BURIAL, C	S	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH 8:55 _{P.M.} 1/27 1981 subject stabbed	
DIVISI IS CERT RITING REDE OE 3 SH ZOI PRI	MEDICAL	21d. INJURY OCCURRED	216 PLACE OF INJURY (ATHOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CIT	Tanneytown state STrailerPark CarrollCo MD
DIV THIS GE, WRITH E, WRITH EWARDE PAGE 3 STATE DI	1	WHILE NOT WHILE AT WORK	trailer park Trailer#20,Cornnell	'sTrailerPark CarrollCo MD
ATE, T ORV ORV JR: P		22a. I certify that I taak charg	ge at the remains described abave, held an Autapsy 💢 , Inspection 🗌 , I	nquiry , and in my apinian
L EXAMINER: YE CERTIFICATE, DUINE BE FORW IN WITH THE SYMMARYLAND,		death resulted fram: Math	relicouses . Accident . Suicide . Homicide XX Undetermi	ned manner .
EXAMI CERTIFI CLD BE DIRECT WARYL		ACTUAL AT	TITLE (SPECIFY)	DATE 1/28/81
CAL EXA THE CER SHOULD ERAL DIR SATH, WI		SIGNATURE		EXAMINER SIGNED
WOLE S	-			treet,Balto.,MD 21201
TO MEDICAL EXAMI EXECUTE THE CRETE PAGE A SHOULD BE AFTER DEATH, WITH BALTIMORE, MARYL	12	(TYPE OR PRINT)		ION
	230.1	UPIAL, CREMATION, REMOVAL	CITY OR Y	· · · · · · · · · · · · · · · · · · ·
BP	24. [UNERAL DIRECTOR	1-31-81 BUSHEY PARK CEINE ERY COOK	GISTRAR 256 REGIS RAP'S SIGN TUP
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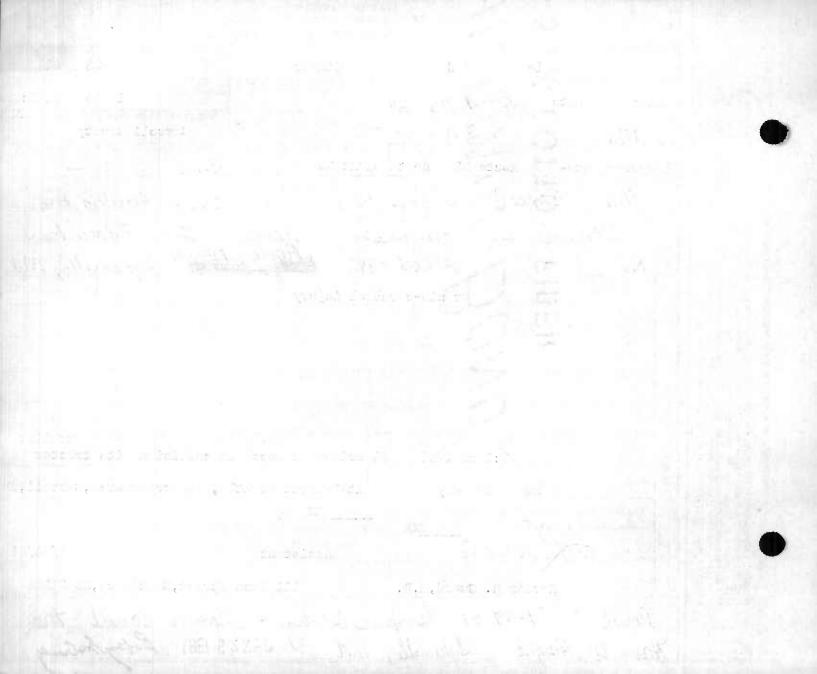


4			1-	FOR STATE REGISTRAR			DEPARTA	CERTIF	OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8 REG. N	0	2 0	2
	m 5			CEASED NAME	FIRST		MIDDLE		AST	2a. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
	tor, page 3 ofter death				Sarah	Es	sther	Wo	lford		1 1.	5-81	03 17 M
	ma.	零	3 SEX	X		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN
	ge 4			Female	Maj III	White		Oct	ober 18 1906	74	YRS.		
	Poge of direc Pours			RTHPLACE (STATE OR F			WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	OF DEATH	
	death. Page funeral direc thin 72 hours	Thomas of the		ins, West		U.S.A		WIDOWE	D DIVORCED		Car	rroll	MD.
10:	by the fur filed within	1000		tminster	ATH				al Hospital	170. USUAL OCCUPAT			F BUSINESS OR
MARYLAND 2120	24 hou silled in suld be	3.5	13a. S	LERESIDENCE (IF NUR. TATE (aryland	136 COUN	TY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Harney	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO TO	13. STREET ADDRESS 6030 Conov	er Rd.		
34.17	within detely f d 2 sho		4 FA	THER'S NAME		AIDDLE	TAST		15. MOTHER'S MAIDEN NA			LAST	
MAR		oli		Alfred	~	MIDDLE	Moyers		Laura		lizen		
	e executed n and camp Pages 1 an		6a W	AS DECEASED EVER	IN U.S. AR	MED FORCES?	166. SOCIAL SECU		17. INFORMANT		essown,		
IMO	e		(,	No	(11 123, 0112	WAR OR DAIES,	213-24-9	156	Mr. Jonah E.	Wolford 60	30 Conc		
BALTIMORE,	hysicia papers. aval.		43	18 CAUSE OF DEAT	H (Enter on	y one couse per	line for (a), (b), an	d (c).)					MATE INTERVAL
ST., I	rertificate ng physici banpaper remaval.			PART I. DEATH W		E CAUSE (©)	Cand	i ac	arrest			1-1	our.
	ending e carbin in, ar r		М,	414	0	DUE TO, O	R AS A CONSEQUE	NGE OF	-	A \		2	
PRESTON	he death			Conditions, if any		(b)_	Ameros	cler	olic Hear	diseas	e		
≥.	by the	3		gave rise to im- cause (a), statis underlying cause	ng the	DUE TO, O	r as a conseque	NCE OF					
RDS, 201	equires signed Then pli ta burii		NOI	PART 2. OTHER SIG	NIFICANT C	abel abel	en Hel	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVE	N IN PART 1/o	1)
AL RECORDS.	he law re an. has beer t permit. ene priar	9	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH?
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IVISION	G PH atten atten s the and		MEDICAL	21d. INJURY OCCUR	HILE		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
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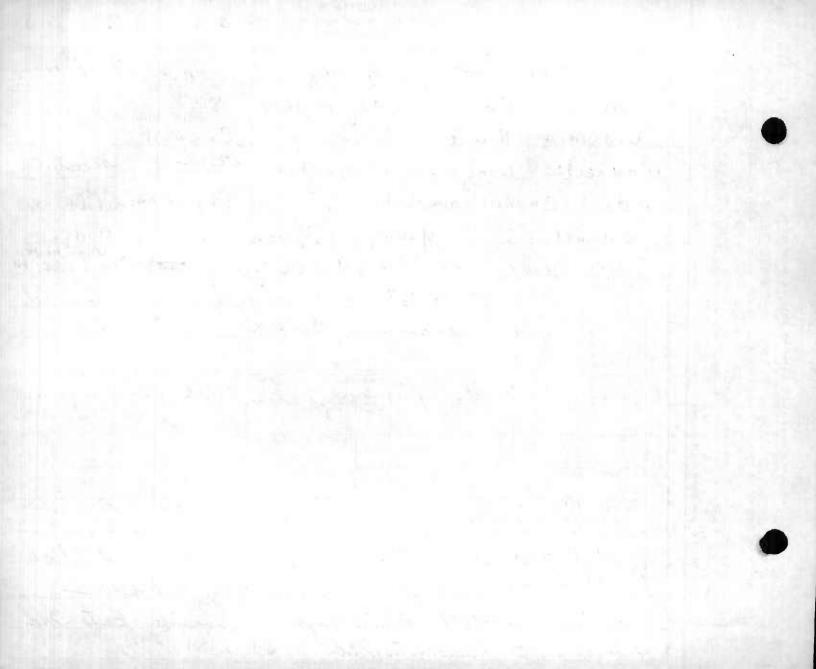
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REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.		1,	FOR		STA DEPARTMENT OF	TE OF MARY		YGIENE	0 2	n 2	41
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FIRST WIDDLE IAST Virginia Griffee 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) YES IND. SOCIAL SECURITY NO. 17. INFORMANT YES OADDRESS ADDRESS Mr. John Burns ADDRESS 604 Roundtree Ct., Sykesville, MD 21784 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia Conditions, if any, which gove rise to immediate couse (a) stating the underlying couse lost. (c) PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. AUTOPSY? YES NO VINGENIES (SMIFICANT CONDITIONS CONTRIBUTING TO PART 2 (b), and (c).) PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. AUTOPSY? YES NO ON ON ON ON ON ON ON ON ON	_	14. F			Sylverous				ree ct.		
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death resulted fram: Notural couses X, Accident , Suicide , Homicide , Undetermined manner , TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER SKONED 1-12-81 EXAMINER'S NAME (TYPE OR PRINT) Pann M. Dixon M.D. Address 111 Penn St. 230. BURIAL CREMATION, REMOVAL 230. DATE (SPECIFY) Burial 1/14/81 Provident Cemetery Gamber County Gamber MD 24. FUNERAL DIRECTOR Loring Byers Funeral Directors, P. A 250. DATE REC'D. BY REGISTRAR 250 GISTRAR'S FUNITURE 12.00.	5))	8	728 Liberty Rd.	, Randal	Istown, MD	21133	JAN:	13 1981	- Jakon	-CLASSEY	

